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FILED
May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004790 (2)

1. Corporation Name
CHELSEA WOODS OF TUSCAWILLA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: 711 CANADICE LANE, WINTER SPRINGS FL 32708, US
Mailing Address: 711 CANADICE LANE, WINTER SPRINGS FL 32708-5520, US

3. Date Incorporated or Qualified: 10/25/1993
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields with sub-fields for Suite, City, State, Zip, and Country.
4. FEI Number: 59-3239940
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: BLAKE, MICHAEL S., SR., 711 CANADICE LANE, WINTER SPRINGS FL 32708
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BACK, TERRY		1.2 NAME: JAMES P. MATHEWS	
STREET ADDRESS: 1796 SENECA BLVD		1.3 STREET ADDRESS: 1824 SENECA BLVD	
CITY-ST-ZIP: WINTER SPRINGS FL 32708		1.4 CITY-ST-ZIP: WINTER SPRINGS, FL 32708	
TITLE: VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: O'CONNELL, TOM		2.2 NAME: MERVIN WARNER	
STREET ADDRESS: 1718 SENECA BLVD		2.3 STREET ADDRESS: 673 KEUKA COURT	
CITY-ST-ZIP: WINTER SPRINGS FL 32708		2.4 CITY-ST-ZIP: WINTER SPRINGS, FL 32708	
TITLE: TD	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BLAKE, MICHAEL S		3.2 NAME:	
STREET ADDRESS: 711 CANADICE LANE		3.3 STREET ADDRESS:	
CITY-ST-ZIP: WINTER SPRINGS FL 32708		3.4 CITY-ST-ZIP:	
TITLE: SD	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PORZIO, ADELE		4.2 NAME:	
STREET ADDRESS: 1723 SENECA BLVD.		4.3 STREET ADDRESS:	
CITY-ST-ZIP: WINTER SPRINGS FL 32708		4.4 CITY-ST-ZIP:	
TITLE: D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MATHEWS, JAMES		5.2 NAME:	
STREET ADDRESS: 1826 SENECA BLVD.		5.3 STREET ADDRESS:	
CITY-ST-ZIP: WINTER SPRINGS FL 32708		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

CR2E037 (9/96)